

Prostate Cancer Research and Evaluation Activities

Evaluation of Educational Materials Promoting Informed Decision-Making About Prostate Cancer Screening

Clinical guidelines suggest that the potential benefits and harms of prostate cancer screening be explained to patients before they are offered screening tests. To facilitate this informed decision-making process, the Centers for Disease Control and Prevention (CDC) developed two decision aids in a printed booklet format: one decision aid is designed for all men eligible for screening and the other is designed for eligible African-American men. An evaluation of these decision aids will be conducted in two phases. During phase I, validated measures will be developed to test the effectiveness of the decision aids in the two target populations. Phase II involves a randomized controlled trial testing the general population decision aid with men aged 50-70 years old, who report for health maintenance exams at Lovelace Sandia Health Systems in Albuquerque, New Mexico. This study will test the impact of exposure to the decision aid and primary care provider practice style on a variety of outcomes, including knowledge of prostate cancer screening, use of the prostate-specific antigen (PSA) test, and visit time. The study results may inform the national discussion about informed decision-making and cancer screening, and may influence the development of future educational materials, clinical guidelines, and primary care provider practices related to prostate cancer screening. This project will be completed by December 2005.

CD-ROM Intervention for Prostate Cancer Screening

The goal of this project is to provide a cost-efficient, easily disseminated method of assisting men with

decision-making on prostate cancer screening. This goal will be achieved by (1) developing an interactive CD-ROM intervention for fostering informed decision-making on prostate cancer screening, (2) evaluating the effectiveness of the CD-ROM intervention using a randomized control design in two settings (in a patient population of men aged 49 years or younger and in a patient population of men aged 50 years or older), (3) assessing the reach and efficacy of this approach, and (4) measuring and calculating fixed and marginal costs associated with the intervention, including its cost-effectiveness. If the intervention is proven effective and cost-efficient in promoting informed decision-making, it will be disseminated to insurance plans, health departments, and other health care systems for use in patient and community populations. This project will be completed in the fall of 2004.

Prostate Cancer Screening Choices for African Americans

CDC is funding research by the University of California at Berkeley, in collaboration with the Northern California Cancer Center, to measure the impact of a culturally responsive telephone counseling intervention to help African-American men make decisions about prostate cancer screening. The research also will assess whether African-American men with a first-degree family history of prostate cancer differ from African-American men with no family history with regard to risk perception, knowledge of prostate cancer, cancer concerns, and screening behaviors. Data are projected to increase African-American men's knowledge about prostate cancer and inform them of the benefits and harms of prostate cancer screening. This study will be completed in the fall of 2004.

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For more information, please contact:

The Centers for Disease Control and Prevention • National Center for Chronic Disease Prevention and Health Promotion
Division of Cancer Prevention and Control • Mail Stop K-64, 4770 Buford Highway, NE • Atlanta, GA 30341-3717 • Phone (770) 488-4751
Fax (770) 488-4760 • Voice Information System 1 (888) 842-6355 • E-mail cancerinfo@cdc.gov • Web site <http://www.cdc.gov/cancer>



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Evaluation of End-of-Life Care for Prostate Cancer Patients in the Managed Care Environment

This project describes end-of-life care and factors that may be associated with such care for men who die of prostate cancer. Data specific to 454 men enrolled in two managed care organizations were collected by a review of medical records for the 6 months before each patient's death. Detailed information was gathered on the care given at the end of

life, including treatment information, the patient's signs and symptoms, medical utilization, number of clinic and hospital visits, use of palliative treatment, management of pain and other symptoms, and information on hospice care. Analyses will focus on factors that are pertinent to understanding and improving end-of-life care for men with prostate cancer. Preliminary results from this study are expected by the summer of 2004.